

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to Examiner Jila M. Mohandesi in Group Art Unit 3728 at Fax No. 703-746-4248 on April 21, 2003.

Joy A. Roeder
Joy A. Roeder

Patent
Attorney's Docket No. 033768-002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Rainer K. Schmid

Application No.: 09/827,933

Filed: April 9, 2001

For: ENERGY RETURN SOLE FOR FOOT
WEAR

Group Art Unit: 3728

Examiner: Mohandesi, Jila M.

Confirmation No.: 6673

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL LETTER

BOX RCE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☒ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(c).

1. Applicant(s) previously submitted the following documents for which continued examination is requested:

- ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on April 17, 2003.
☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____.
☐ Other: _____

2. The following documents are enclosed with this submission:

- ☐ Amendment/Reply.
☐ Affidavit(s)/Declaration(s).
☐ Information Disclosure Statement (IDS).
☐ Other: _____

04/24/2003 EPAYTON 00000001 32-800 09827933

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375.00 CH

3.

- ☐ Small entity status is hereby claimed.
☐ No additional claim fee is required.
☐ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:



21839

(11/02)

Request for Continued Examination Transmittal Letter

Application No. 09/827,933

Attorney's Docket No. 032004-005

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C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims		MINUS 20 =		× \$18.00 (1202) =	
Independent Claims		MINUS 3 =		× \$84.00 (1201) =	
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					

4. ☐ A check in the amount of \$ _____ is enclosed for the fee due.
5. ☒ Charge \$ 375.00 to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATTHEWS, L.L.P.

By: 

Cindy A. Lynch

Registration No. 38,699

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Date: April 21, 2003

(10/02)

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Redwood Shores, California 94065-1418**TELEPHONE:** +1.650.622.2300**FACSIMILE:** +1.650.622.2499**DATE:** April 17, 2003

RECIPIENT INFORMATION	SENDER INFORMATION
To: Examiner Jila M. Mohandesi	From: Cindy A. Lynch
Voice Tel. No.:	Voice Tel. No.: 650.622.2300
Fax Tel. No.: 703.746.4248	Sent By: Joy A. Roeder
Your Ref.: USSN 09/827,933	Our Ref.: 033768-002
	Total Pages (Incl. Cover Page): 16

RE: USSN 09/827,933**MESSAGE:** Pursuant to your request, please find enclosed a Request for Continued Examination Transmittal Letter.

If you have any questions, please do not hesitate to contact me.

Best regards,


Cindy A. Lynch**NOTE:** The information contained in this facsimile message is attorney-client privileged and contains confidential information intended only for the use of the person(s) named above and others expressly authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is prohibited and you are asked to notify us immediately by telephone and to return this message to us by mail without copying it.

Any questions regarding compatibility should be directed to our Office Services Department at +1.703.836.6620.